

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO
09/868974

FILING DATE

APPLICANT(S)

| | | CLAIMS | | | | | |
|--------------|----|----------|------|---------------------|------|---------------------|------|
| | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | 12 | 3 | 2 | | | | |
| TOTAL DEP. | 12 | 12 | 26 | | | | |
| TOTAL CLAIMS | 24 | 15 | 28 | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS